### $2015\ Town\ of\ Islip\ Pool\ Membership\ Application$ All pool members must have a current recreation card. Proof of age is required at time of registration.

Location of Pool Me	mbershii	o: (check one)		Type of M	lembersh	ip: (che	eck one	·)	
Byron		-,		Resident Family			_Senior	Citizen Family	
Hidde				Resident Individua			_	Citizen Individual	
Casam	ento			Non-Resident Fam				apped Family	
				Non-Resident Indi	vidual		_ riandio	apped Individual	
	s babysit	ters, grandchildre guest form, 631-22	en on senior mem 24-5404. GUESTS (	CANNOT REGISTER	years an o FOR SWI	older w	ho live	slip. in the pool member household MAXIMUM 3 PER MEMBERSHI	
		NO REI	UNDS WILL BE I	SSUED AFTER JULY	10, 2015				
Family Last Name				Home Phon	ıe				
Address									
0 #1 N				D . CB:	1			ne 1	
Spouse #1 Name				Date of Birt	:h			(for official use only)	
Spouse #2 Name				Date of Bi	rth			Sticker	
								(for official use only)	
Child's Name		Gen	der	Date	of Birth			Sticker # (for official use onl	y)
							-+		
List any medical limitations									
I have read and understand the rules stated therein.	and regula	tions of the Town of	Islip pool facilities,	and that the use of the I	pool faciliti	es is stri	ictly at n	ny own risk. I accept all conditions as	
						Date			
Method of Payment: Cash		Chec	:k	Visa/Maste	erCard				
•									
Visa/MasterCard #							E	xp. Date	
Signature of Card holder				Date					
8									
FOR OFFICE USE ONLY:	Receipt #	<i>‡</i>		Date Received				Cashiers Initials	
lown	of Isl	1		counted Sw			n Ap	pucation	
		Swim lesso	on information c	an be found on pag	ges 35 – 4	40.			
Parent/Guardian Name							Dat	e	
Address			Tow	n	Ziŗ	)		State	
Home Phone		Cell Phone	2		Emerge	ency Pho	one		
Check One: Byron	_	Hidden Pond	Casai	mento			al :		
Participants Name	Age	Date of Birth	Swim Level	Activity #	Section 1st	Letter 0	Choice 3 <sup>rd</sup>	Location/Site	Fe
Tur trospunto i tumo	1150	Bute of Birth	5 ( 111 20 ( 01	Treerviey "	+	_		Document, site	1
									+
	+								+
									+
(Example) Jane Doe	8	00/00/0000	Level 3	110104	R	S	X	Byron	\$3
A swim	test will	be given the fir	st day of class to	o verify that you a	re in the	appro	opriate	e swim level.	
List any medical limitations									

page 1 of 4

\_Date\_

Parent/Guardian Signature if registering a child \_

### Town of Islip Department of Parks, Recreation and Cultural Affairs

### TRIP REGISTRATION FORM

For all mail-in and call-in registrants. Be sure to check program information before registering.

### THIS APPLICATION IS NOT VALID UNLESS RELEASE IS SIGNED ON THE BOTTOM OF THIS PAGE

Registrant		Date		Email		
Home Phone	Cell Phone			Preferred Pick-up Location		
Address						
1	No. S	treet		Town		Zip
_				Expiration da		
Emergency Contact	F	Relationship_		Phone		
Tri	p Name	Trip	Date	Travel Companion		Fee
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						2
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				GRAND TO	ΓAL	
Mastercard/Visa	eck Credit Card Billing Zip Code		* One form per person  * Please call 224-5430 to reserve your  * Make checks payable to Town of Islip  * Mail registrations and payments to:			_

RELEASE: I know that participating in the above named program is a potentially hazardous activity. I should not register and/or participate unless I am medically and physically able. I assume all risks associated with participating in the above activity including, but not limited to, falls, accidents, and the effects of the weather, all such risks being known and appreciated by me. This waiver shall apply to any and all Town of Islip programs/trips that I participate in, for this entire calendar year. Having read this waiver and knowing these facts, I, for myself, successors, heirs and assigns, releases and forever discharges the Town of Islip, their affiliates, subsidiaries, agents, employees, board members, appointees, servants, officers, directors, assistants and volunteers, or designated appointee or contract vendee, from all losses, claims, damages, actions or judgments I may have or claim to have against the Town of Islip or any party mentioned above, for all personal injuries, including death and injuries to property, whether real or personal, caused by or arising out of my participation in Town of Islip programs. I further agree for myself, successor, heirs and assigns to indemnify and hold harmless the Town of Islip and all parties mentioned above from all losses, claims, damages, suits, actions or judgments for personal injuries, including death, and damage to property whether real or personal, and from all losses, claims, damages, action and judgments recovered and from all expenses incurred in defending said claims or suits, including reasonable attorney fees, costs and disbursements. It is the sole responsibility of all participants to be aware of the program transportation schedule and make all scheduled pickups, meet ups and rendezyous. Lunderstand that if I should fail to make a scheduled pick up and the bus or other form of transportation has already departed, it is my responsibility to arrange and engage alternative transportation at my sole cost and expense. I grant permission for the Town of Islip and all parties mentioned above to take a photograph image or motion picture of myself and publish or print said images in any format whatsoever, for any legitimate purpose, including publication of the internet, the Town of Islip website, or any other form of media, including print media, without compensation to the undersigned. I understand that I shall not receive any compensation for my participation in this program or for the use or sale of the media set forth above. I understand that in the event of inclement weather some outdoor trips may be canceled. I will abide by the rules and policies of the Town of Islip. The Town of Islip reserves the right to refuse entrance or eject any person whose conduct management deems to be disruptive or in poor taste and will not accept responsibility for damaged or lost personal items. IF PARTICIPANT IS UNDER 18: This is to certify that I acknowledge and agree to the above for my son/daughter/ward and that my son/daughter/ward has my permission to participate in the program above, is in good medical and physical condition, and that the Town of Islip, their affiliates, subsidiaries, agents, employees, board members, appointees, servants, officers, directors, assistants and volunteers, or designated appointee or contract vendee, have my permission to authorize emergency medical treatment if necessary. I grant permission to all of the aforementioned use of any photographs, motion pictures, recordings, or any other media of my child for any legitimate purpose.

SIGNATURE OF PARTICIPANT (IF 18+) (REQUIRED)	SIGNATURE OF PARENT OR GUARDIAN (REQUIRED IF PARTICIPANT IS UNDER 18)

## Islip Arts Council (631) 224-5420

For mail-in registration	Islip Arts Council Scho ons only, your check payable to the				xpress charge card
		number			
	Islip Art Council, 50 Irish Lane,		(Please feel free to d ASE PRINT	uplicate this form).	
	Reg		N-REFUNDABLE		
egistrant Name:			Date of Registration:		
ddress:			Town:	Zip Code:	
lome Phone:			Cell Phone:		
-Mail Padress.					
Danister at Names	D		O	T:	Olasa Fass
Registrant Name:	Program		Session	Time	Class Fee:
arent or Guardian pern	nission signature if registering a	child:			
			ANALENE.		
hock #:	Charge:	METHOD OF P		Total Amount:	
heck#: Please check one:	Citalge.	CdSII.		Total Allount.	
	ccount No.:			Expiration #:	CVC #:
American Expre	ss Account No.:		_	Expiration #:	CVC #:
Visa Account No	).:		_	Expiration #:	CVC#:
Discover Accoun	nt No.:			Expiration #:	
ignature:					
FFICE USE ONLY:	Receipt #:	Date Rece	ipted:	Proces	ss by:

## Town of Islip Department of Parks, Recreation & Cultural Affairs $\underline{Program\ Registration\ Form}$

For all mail-in and walk-in registrants. Be sure to check your program information before registering.

# PLEASE SIGN THE WAIVER & PERMISSION SLIP AT THE BOTTOM OF THE PAGE

	ORM -YOU CAN MAKE PHOTOCOPIES FOR ADDITIONAL CHILDREN PROGRAMS
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	VE CHILD PER REGISTRATIO

Adult/Parent's Name				Date	Email						
Address		Street			Town			Zin			
		2000	_		OWI		•	4b			
Home Phone_		Parent	Parent # 1 Cell Phone_			_ Emerge	Emergency Phone				
Work Phone		Paren	Parent # 2 Cell Phone_			_ Emerge	Emergency Name_				
Participant's Name	Gender	Age	Date of Birth	Program	Activity #	S 1st	Session Letter Choice	Letter ice 3rd 4th	Location/Site	Time	Fee
Participant's Grade as of Sept. 2014:_	pt. 2014:		You must en	You must enclose a copy of the most updated progress report. <u>ONLY</u> when registering for a grade specific progran	st updated pro	gress re	eport. <u>O</u>	NLY whe	n registering for a grac	le specific	prograr
Medical information (medication, allergies, etc)	es, etc)									1	
Birth Certificate on file? Yes	No	ji)	no please enclos	(if no please enclose a copy, only applies if the registrant is under 18 years of age)	gistrant is under 13	8 years of	age)				
Current Recreation Card Number			Expiration Date	on Date							
Method of Payment Check	Cash_		Credit Card		Total Amount \$						
Mastercard/VISA Account No.					Exp. Date			Billing Zip Code_	Sode		
				WAIVER & PERMISSION SLIP	SION SLIP						

polices of the Town of Islip. My consent is given with the understanding that the group will be escorted by recreation staff. The Fown of Islip reserves the right to refuse entrance or eject any person whose conduct management deems to be disruptive or in poor hereby give permission for the above registered child/children to accompany the Recreation Department on the local trips. I understand that in case of inclement weather some outdoor trips may be canceled. I will have my child/children abide by the rules and taste and will not accept responsibility for damaged or lost personal items. Lauthorize my child to carry and use over the counter FDA approved sunscreen products and understand they will apply it themselves. In consideration of being permitted to participate claims, damages, suits, actions or judgments for personal injuries, including death, and damages to property whether real or personal, and from all losses, claims, damages, actions and judgments recovered and from all expenses incurred in defending said claims directors, assistants and volunteers, or designated appointee or contract vendee may take a photograph image or video graph image of myself/children and publish or print said images in any format whatsoever including publication on the internet, the Town of Islip website or any other form of media, including print media without compensation to the undersigned. The undersigned shall not receive any compensation for their participation in this program or from the use or sale of the media set forth above. I further In consideration of being permitted to participate in Town of Islip programs the undersigned, for myself, successors, heirs and assigns agree that the Town of Islip, their affiliates, subsidiaries, agents, employees, board members, appointees, servants, officers, volunteers, or designated appointee or contract vendee, from all losses, claims, damages, actions or judgments I may have or claim to have against the Town of klip or any pary mentioned above, for all personal injuries, including death and injuries to property, whether real or personal, caused by or arising out of my participation in Town of Islip programs. Hurther agree for myself, successor, heirs and assigns to indemnify and hold harmless the Town of Islip and all parties mentioned above, from all losses, in Town of Blip programs, the undersigned, for myself, successors, heirs and assigns releases and forever discharges the Town of Islip, their affiliates, subsidiaries, agents, employees, board members, appointees, servants, officers, directors, assistants and

	(*Cignofure of perent/anergies is required if registrent is under 18 years of each	(Signature of parentigual utan 15 fedun eu 11 fegistianiu 15 unuer 10 years of age)

Signature of \*Parent/\*Guardian/Registrant

Date